



IN THE UNITED STATES  
PATENT AND TRADEMARK OFFICE

Applicant(s): Steven Michael Bellovin et al.

Attorney Docket No.: 113335 - 2685/5239

Application No.: 09/366678

Filing Date: 08/04/1999

Examiner Name:

Group Art Unit: 2742

Title: Method For Providing Privacy By Network Address Translation

ASSISTANT COMMISSIONER FOR PATENTS  
WASHINGTON, D.C. 20231  
Box: Missing Parts

RESPONSE TO NOTICE TO FILE MISSING PARTS OF APPLICATION  
Filing Date Granted

Enclosed is the Declaration and Power of Attorney relating to the above-identified application.

Please charge **AT&T Corp. Deposit Account No. 01-2745** in the amount of \$130.00 to cover the filing fee surcharge. A duplicate copy of this letter is enclosed. In the event of any non-payment or improper payment of a required fee, the Assistant Commissioner is authorized to charge or to credit **AT&T Corp. Deposit Account No. 01-2745** as required to correct the error.

A copy of PTO-1533, Notice to File Missing Parts of Application, is also enclosed.

Date: 9/30/99

By:

Benjamin S. Lee

Attorney for Applicant(s)

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AT&T CORP.

P.O. Box 4110

Middletown, New Jersey 07748-4110

SECTION

TRANSMITTAL  
FORM

(to be used for all correspondence after initial filing)

PATENT  
TRANSMITTAL  
RECEIVED  
OCT 05 1999  
U.S. PATENT AND TRADEMARK OFFICE

		Application Number	09/366678
		Filing Date	08/04/1999
		First Named Inventor	Steven Michael Bellovin et al.
		Group Art Unit	2742
		Examiner Name	
Total Number of Pages in this Submission	12	Attorney Docket Number	113335 - 2685/5239

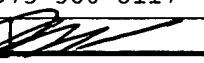
## Enclosures (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits / Declaration(s) <input type="checkbox"/> Petition for Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Assignment & Recordation Cover Sheet <input type="checkbox"/> Drawing(s) & Letter to Official Draftsman <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communications to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communications to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Additional enclosure(s) (please identify below)
<div style="border: 1px solid black; padding: 5px; display: inline-block;">           Signed Declaration and Power of Attorney         </div>		
Remarks		

## CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label	(Insert Customer No. or Attach bar code label here)		or <input checked="" type="checkbox"/> Correspondence address below		
NAME	Samuel H. Dworetzky				
ADDRESS	AT&T CORP. P.O. Box 4110				
CITY	Middletown	STATE	New Jersey	ZIP CODE	07748-4110
COUNTRY	United States of America				

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

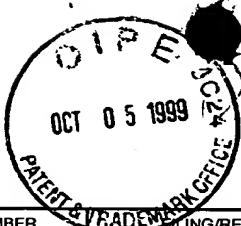
NAME	Benjamin S. Lee	Reg. #	42787
TELEPHONE	973-360-8117		
SIGNATURE		DATE	9/30/99

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: 9/30/99

Type or Printed Name	Mary J. Curch		
Signature	<u>Mary J. Curch</u>	Date	9/30/99

SEND TO: Assistant Commissioner for Patents, Washington, D.C. 20231



UNITED STATES DEPARTMENT OF COMMERCE

Patent and Trademark Office

Address: COMMISSIONER OF PATENTS AND TRADEMARKS  
Washington, D.C. 20231

113335-435  
L51  
#3

APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NO./TITLE
09/366,678	08/04/99	KALMANEK	C 2685/5239

0212/0902

SAMUEL H DWORETSKY  
AT & T CORP  
P O BOX 4100  
MIDDLETON N.J. 07748

NOT ASSIGNED

2742

Due 11/2/99

DATE MAILED:

09/02/99

**NOTICE TO FILE MISSING PARTS OF APPLICATION**

***Filing Date Granted***

An Application Number and Filing Date have been assigned to this application. The items indicated below, however, are missing. Applicant is given TWO MONTHS FROM THE DATE OF THIS NOTICE within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a). If any of items 1 or 3 through 5 are indicated as missing, the SURCHARGE set forth in 37 CFR 1.16(e) of  \$65.00 for a small entity in compliance with 37 CFR 1.27, or  \$130.00 for a non-small entity, must also be timely submitted in reply to this NOTICE to avoid abandonment.

*If all required items on this form are filed within the period set above, the total amount owed by applicant as a small entity (statement filed)  non-small entity is \$ 130.*

1. The statutory basic filing fee is:

missing.  
 insufficient.

*Applicant must submit \$ 130 to complete the basic filing fee and/or file a small entity statement claiming such status (37 CFR 1.27).*

2. The following additional claims fees are due:

\$ 130 for total claims over 20.

\$ 130 for independent claims over 3.

\$ 130 for multiple dependent claim surcharge.

*Applicant must either submit the additional claim fees or cancel additional claims for which fees are due.*

3. The oath or declaration:

is missing or unsigned.  
 does not cover the newly submitted items.

*An oath or declaration in compliance with 37 CFR 1.63, including residence information and identifying the application by the above Application Number and Filing Date is required.*

4. The signature(s) to the oath or declaration is/are by a person other than inventor or person qualified under 37 CFR 1.42, 1.43 or 1.47.

*A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.*

5. The signature of the following joint inventor(s) is missing from the oath or declaration:

*An oath or declaration in compliance with 37 CFR 1.63 listing the names of all inventors and signed by the omitted inventor(s), identifying this application by the above Application Number and Filing Date, is required.*

6. A \$50.00 processing fee is required since your check was returned without payment (37 CFR 1.21(m)).

09/02/99

7. Your filing receipt was mailed in error because your check was returned without payment.

8. The application was filed in a language other than English.

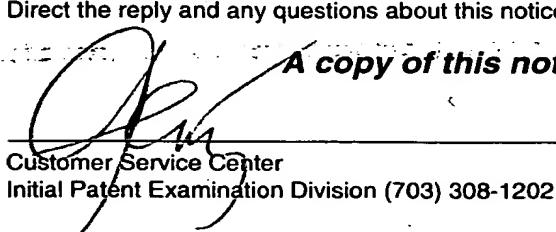
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*Applicant must file a verified English translation of the application, the \$130.00 set forth in 37 CFR 1.17(k), unless previously submitted, and a statement that the translation is accurate (37 CFR 1.52(d)).*

9. OTHER: \_\_\_\_\_

Direct the reply and any questions about this notice to "Attention: Box Missing Parts."

***A copy of this notice MUST be returned with the reply.***

  
Customer Service Center  
Initial Patent Examination Division (703) 308-1202

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U.S. GPO: 1998-446-824